

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF NEED (CON) REVIEW STANDARDS
FOR PSYCHIATRIC BEDS AND SERVICES

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws).

Section 1. Applicability

Sec. 1. (1) These standards are requirements for the approval and delivery of services for all projects approved and Certificates of Need issued under Part 222 of the Code which involve psychiatric beds and services.

(2) A psychiatric hospital or unit is a covered health facility for purposes of Part 222 of the Code.

(3) An increase in licensed psychiatric beds or the physical relocation from a licensed site to another geographic location is a change in bed capacity for purposes of Part 222 of the Code.

(4) The initiation or expansion of a specialized psychiatric program for children/adolescents is a covered clinical service for purposes of Part 222 of the Code.

(5) The Department shall use sections 3, 4, 5, 6, 7, 8, and 9, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(6) The Department shall use sections ~~44-12~~ and ~~4213~~, as applicable, in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(7) THE DEPARTMENT SHALL USE SECTION 11, AS APPLICABLE, IN APPLYING SECTION 22215(1)(B) OF THE CODE, BEING SECTION 333.22215(1)(B) OF THE MICHIGAN COMPILED LAWS.

Section 2. Definitions

Sec. 2. (1) For purposes of these standards:

(a) "Adult" means any individual aged 18 years or older.

(b) "Acquisition of a psychiatric hospital or unit" means the issuance of a new license as the result of the acquisition (including purchase, lease, donation, or other comparable arrangement) of an existing licensed psychiatric hospital or unit and which does not involve a change in the number of licensed psychiatric beds or beds designated for a child/adolescent specialized psychiatric program at that health facility.

(c) "Base year" means 1992 or the most recent year for which verifiable data are collected by the Department and are available separately for the population age cohorts of 0 to 17 and 18 and older.

(d) "Child/adolescent" means any individual less than 18 years of age.

(e) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(f) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(g) "Community mental health board" or "board" or "CMH" means the board of a county(s) community mental health board ~~AS REFERENCED IN THE PROVISIONS OF MCL 330.1200 TO 330.1246 as defined in Section 200(b) of Act 258 of the Public Acts of 1974, as amended, being Section 330.1200(b) of the Michigan Compiled Laws.~~

(h) "Comparative group" means the applications which have been grouped for the same type of project in the same planning area and are being reviewed comparatively in accordance with the CON

rules.

~~(i) "Converted beds" means existing licensed psychiatric beds reallocated from one program category to child/adolescent.~~

(j) "Department" means the Michigan Department of Community Health (MDCH).

(k) "Department inventory of beds" means the current list maintained by the Department which includes:

(i) licensed adult and child/adolescent psychiatric beds; and

(ii) adult and child/adolescent psychiatric beds approved by a valid CON₁ ~~issued under either former Part 221 or Part 222 of the Code~~ which are not yet licensed.

A separate inventory will be maintained for child/adolescent beds and adult beds.

(l) "Existing adult inpatient psychiatric beds" or "existing adult beds" means:

(i) all adult beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental Health Code;

(ii) all adult beds approved by a valid CON₁ ~~issued under either former Part 221 or Part 222 of the Code~~ which are not yet licensed;

(iii) proposed adult beds under appeal from a final Department decision ~~made under former Part 221 or Part 222~~, or pending a hearing from a proposed decision ~~issued under Part 222 of the Code~~; and

(iv) proposed adult beds that are part of a completed application ~~under Part 222 of the Code~~ (other than the application or applications in the comparative group under review) which are pending final Department decision.

(m) "Existing child/adolescent inpatient psychiatric beds" or "existing child/adolescent beds" means:

(i) all child/adolescent beds in psychiatric hospitals or units licensed by the Department pursuant to the Mental Health Code;

(ii) all child/adolescent beds approved by a valid CON₁ ~~issued under either former Part 221 or Part 222 of the Code~~ which are not yet licensed;

(iii) proposed child/adolescent beds under appeal from a final Department decision ~~made under former Part 221 or Part 222~~, or pending a hearing from a proposed decision ~~issued under Part 222 of the Code~~; and

(iv) proposed child/adolescent beds that are part of a completed application ~~under Part 222 of the Code~~ (other than the application or applications in the comparative group under review) which are pending final Department decision.

~~(n) "Expansion of a child/adolescent specialized psychiatric program" means an increase in the number of beds designated for children/adolescents whether through an increase in the total number of licensed psychiatric beds or the conversion of existing licensed beds.~~

~~(o) "Initiation of a specialized psychiatric program for children/adolescents" means the establishment of an inpatient psychiatric unit with a specified number of beds designated for children/adolescents at a site at which specialized psychiatric program services are not currently provided.~~

(p) "Involuntary commitment status" means a hospital admission effected pursuant to the provisions of MCL 330.1423 to MCL 330.1444 330.1429.

(q) "Licensed site" means either:

(i) in the case of a single site hospital, the location of the facility authorized by license and listed on that licensee's certificate of licensure; or

(ii) in the case of a hospital with multiple sites, the location of each separate and distinct inpatient unit of the health facility as authorized by license and listed on that licensee's certificate of licensure.

(r) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and 1396r-8 to 1396v.

(s) "Mental Health Code" means Act 258 of the Public Acts of 1974, as amended, being Sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

(t) "Mental health professional" means a ~~N person~~ INDIVIDUAL who is trained and experienced in the areas of mental illness or ~~mental retardation~~ DEVELOPMENTAL DISABILITIES and who is any 1 of the following:

(i) a physician who is licensed to practice ~~allopathic~~ medicine or osteopathic medicine AND SURGERY in Michigan and who has had substantial experience with mentally ill, mentally retarded, or developmentally disabled clients for 1 year immediately preceding his or her involvement with a client

under administrative rules promulgated pursuant to the Mental Health Code;

(ii) a psychologist WHO IS LICENSED IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838;

(iii) a ~~certified~~-LICENSED MASTER'S social worker LICENSED IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838;

(iv) a registered nurse WHO IS LICENSED IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838;

(V) A LICENSED PROFESSIONAL COUNSELOR LICENSED IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838;

(VI) A MARRIAGE AND FAMILY THERAPIST LICENSED IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838;

~~(v)~~(VII) a professional person, other than those defined in the administrative rules promulgated pursuant to the Mental Health Code, who is designated by the Director of the Department or a director of a facility operated by the Department in written policies and procedures. This mental health professional shall have a degree in his or her profession and shall be recognized by his or her respective professional association as being trained and experienced in the field of mental health. The term does not include non-clinical staff, such as clerical, fiscal or administrative personnel.

~~(u)~~R "Mental health service" means ~~a service that is directed to the areas of mental illness, mental retardation, developmental disability, other organic brain or other neurological impairment or disease, alcoholism, or substance abuse pursuant to Section 208 of the Mental Health Code~~ THE PROVISION OF MENTAL HEALTH CARE IN A PROTECTIVE ENVIRONMENT WITH MENTAL ILLNESS OR MENTAL RETARDATION, INCLUDING, BUT NOT LIMITED TO, CHEMOTHERAPY AND INDIVIDUAL AND GROUP THERAPIES PURSUANT TO MCL 330.2001.

~~(v)~~S "Non-renewal or revocation of license" means the Department did not renew or revoked the psychiatric hospital's or unit's license based on the hospital's or unit's failure to comply with state licensing standards.

~~(w)~~T "Non-renewal or termination of certification" means the psychiatric hospital's or unit's Medicare and/or Medicaid certification was terminated or not renewed based on the hospital's or unit's failure to comply with Medicare and/or Medicaid participation requirements.

~~(x)~~U "Offer" means to provide inpatient psychiatric services to patients.

~~(y)~~ "Partial hospitalization psychiatric program" or "partial hospitalization" or "program" means ~~a non-residential mental health treatment program which:~~

~~(i) is operated and clients are regularly scheduled to be treated for a minimum of six consecutive hours during any 24 hour period for a minimum of 5 days per week;~~

~~(ii) includes psychiatric, psychological, social, occupational and therapeutic recreational elements all of which are under psychiatric supervision; and~~

~~(iii) provides services to clients who are diagnosed mentally or emotionally ill and who are at risk of psychiatric inpatient hospitalization, or who might otherwise remain hospitalized on an inpatient basis in the absence of such a program, due to: subacute homicidal or suicidal behavior; acute psychosis; acute phases of major affective disorders; or the need for supervised diagnostic tests, observations, or supervised administration of medication when extended observation is necessary.~~

~~(z)~~V "Physician" means an individual licensed ~~IN MICHIGAN under Article 15 of the Code~~ to engage in the practice of medicine or osteopathic medicine and surgery PURSUANT TO MCL 333.16101 TO 333.18838.

~~(aa)~~W "Planning area" means ~~either:~~

~~(i) for child/adolescent beds and services, the geographic boundaries of the groups of counties shown in Section 14(1)15; or~~

~~(ii) for adult beds and services, the county or groups of counties served by each CMH as shown in Section 14(2).~~

~~(bb)~~X "Planning year" means 1990 or a year in the future, at least 3 years but no more than 7 years, established by the CON Commission for which inpatient psychiatric bed needs are developed. The planning year shall be a year for which official population projections from the Department of Management and Budget are available.

~~(cc)~~Y "Psychiatric hospital" means ~~a health facility licensed under the Mental Health Code as defined in~~

R330.1204 AN INPATIENT PROGRAM OPERATED BY THE DEPARTMENT FOR THE TREATMENT OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE OR A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC UNIT LICENSED UNDER SECTION 137, PURSUANT TO MCL 330.1100.

~~(ddZ)~~ "Psychiatrist" means ~~a physician who devotes a substantial portion of his/her time to the practice of psychiatry and who has practiced psychiatry for 1 year immediately preceding certification by him/her of any individual under the Mental Health Code, as defined by R330.1001(1)(l)~~ 1 OR MORE OF THE FOLLOWING, PURSUANT TO MCL 330.1100:

-(I) A PHYSICIAN WHO HAS COMPLETED A RESIDENCY PROGRAM IN PSYCHIATRY APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR THE AMERICAN OSTEOPATHIC ASSOCIATION, OR WHO HAS COMPLETED 12 MONTHS OF PSYCHIATRIC ROTATION AND IS ENROLLED IN AN APPROVED RESIDENCY PROGRAM;

(II) A PSYCHIATRIST EMPLOYED BY OR UNDER CONTRACT WITH THE DEPARTMENT OR A COMMUNITY HEALTH SERVICES PROGRAM ON MARCH 28, 1996;

(III) A PHYSICIAN WHO DEVOTES A SUBSTANTIAL PORTION OF HIS OR HER TIME TO THE PRACTICE OF PSYCHIATRY AND IS APPROVED BY THE DIRECTOR.

~~(eeAA)~~ "Psychiatric unit" means a unit ~~licensed under the Mental Health Code as defined in R330.1204~~ OF A GENERAL HOSPITAL THAT PROVIDES INPATIENT SERVICES FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCES PURSUANT TO MCL 330.1100.

~~(ffBB)~~ "Psychologist" means, ~~except in Part 4 of the administrative rules for the Michigan Department of Mental Health, which is subject to the definition in Section 400 of the Mental Health Code, a person who is granted a full or limited license to practice psychology under Part 182 of Act No. 368 of the Public Acts of 1978, as amended, being Section 333.18201 et seq. of the Michigan Compiled Laws~~ AN INDIVIDUAL LICENSED TO ENGAGE IN THE PRACTICE OF PSYCHOLOGY, WHO DEVOTES A SUBSTANTIAL PORTION OF HIS OR HER TIME TO THE DIAGNOSIS AND TREATMENT OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, SERIOUS EMOTIONAL DISTURBANCE, OR DEVELOPMENTAL DISABILITY, PURSUANT TO MCL 333.16101 TO 333.18838.

~~(ggCC)~~ "Public patient" means an individual approved for mental health services by a CMH or an individual who is admitted as a patient under Section 423, 429, or 438 of the Mental Health Code, Act No. 258 of the Public Acts of 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.

~~(hhDD)~~ "Qualifying project" means each application in a comparative group which has been reviewed individually and has been determined by the Department to have satisfied all of the requirements of Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other applicable requirements for approval in the Code and these standards.

~~(iiEE)~~ "Registered professional nurse" or "R.N." means an individual licensed IN MICHIGAN PURSUANT TO THE PROVISIONS OF MCL 333.16101 TO 333.18838~~under Article 15 of the Code, being Sections 333.17201, et seq. of the Michigan Compiled Laws, to engage in the practice of nursing which scope of practice includes teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.~~

~~(jjFF)~~ "Replacement beds" means beds in a psychiatric hospital or unit which meet all of the following conditions:

(i) an equal or greater number of beds are currently licensed to the applicant at the CURRENT licensed site ~~at which the proposed replacement beds are currently licensed;~~

(ii) the beds are proposed for replacement in new physical plant space being developed in new construction or in newly acquired space (purchase, lease, donation, OR OTHER COMPARABLE ARRANGEMENT, etc.); and

(iii) the beds to be replaced will be located in the replacement zone.

~~(kkGG)~~ "Replacement zone" means a proposed licensed site which is:

(i) in the same planning area as the existing licensed site; and

(ii) on the same site, on a contiguous site, or on a site within 2-15 miles of the existing licensed site ~~if the existing licensed site is located in a county with a population of 200,000 or more, or on a site within 5 miles of the existing licensed site if the existing licensed site is located in a county with a population of~~

less than 200,000.

(II) ~~"Specialized psychiatric program" means an inpatient program for children/adolescents. A specialized psychiatric program will have one or more of the following:~~

~~— (i) the program will be represented as providing specialized services to child/adolescent patients;~~

~~— (ii) the program has admission criteria and treatment protocols specific to children/adolescents;~~

~~— (iii) employees of the specialized psychiatric program will be provided with orientation/in-service training directed at children/adolescents;~~

~~— (iv) some or all of the job descriptions that staff the unit require education/experience specific to children/adolescents; or~~

~~— (v) the facility will seek a special rate of reimbursement from third party payers for the specialized psychiatric program.~~

(mmHH) "Social worker" or "certified social worker" or "social work technician" means a INDIVIDUAL REGISTERED IN MICHIGAN TO ENGAGE IN SOCIAL WORK UNDER THE PROVISIONS OF MCL 333.18501. person who is so certified pursuant to Act 352 of the Public Acts of 1972, as amended, being Section 338.1751 et seq. of the Michigan Compiled Laws.

(2) The terms defined in the Code have the same meanings when used in these standards.

Section 3. Determination of needed inpatient psychiatric bed supply

Sec. 3. (1) Until changed by the Commission in accordance with Section 4(3) and Section 5, the use rate for the base year for the population age 0-17 is set forth in Appendix D.

(2) The number of child/adolescent inpatient psychiatric beds needed in a planning area shall be determined by the following formula:

(a) Determine the population for the planning year for each separate planning area for the population age 0-17.

(b) Multiply the population by the use rate established in Appendix D. The resultant figure is the total patient days.

(c) Divide the total patient days obtained in subsection (b) by 365 (or 366 for leap years) to obtain the projected average daily census (ADC).

(d) Divide the ADC by 0.75.

~~— (e) The number determined in subsection (d) represents the number of child/adolescent inpatient psychiatric beds needed in a planning area for the planning year.~~

(E) FOR EACH PLANNING AREA, ALL PSYCHIATRIC HOSPITALS OR UNITS WITH AN AVERAGE OCCUPANCY OF 60 PERCENT (%) OR LESS FOR THE PREVIOUS 24 MONTHS WILL HAVE THE ADC MULTIPLIED BY 1.7. THE NET DECREASE FROM THE CURRENT LICENSED BEDS WILL GIVE THE NUMBER TO BE ADDED TO THE BED NEED.

(G) THE ADJUSTED BED NEED FOR THE PLANNING AREA FOR THE PLANNING AREA IS THE SUM OF THE RESULTS OF SUBSECTIONS (D), AND (E).

(3) The number of needed adult inpatient psychiatric beds shall be determined by multiplying the population aged 18 years and older for the planning year for each planning area by the either:

(a) The ratio of adult beds per 10,000 adult population set forth in Appendix C; or

(b) The statewide ratio of adult beds per 10,000 adult population set forth in Appendix C, whichever is lower; and dividing the result by 10,000. If the ratio set forth in Appendix C for a specific planning area is "0", the statewide ratio of adult beds per 10,000 adult population shall be used to determine the number of needed adult inpatient psychiatric beds.

(C) FOR EACH PLANNING AREA, AN ADDITION TO THE BED NEED WILL BE MADE FOR LOW OCCUPANCY FACILITIES. ALL PSYCHIATRIC HOSPITALS OR UNITS WITH AN AVERAGE OCCUPANCY OF 60 PERCENT (%) OR LESS FOR THE PREVIOUS 24 MONTHS WILL HAVE THE ADC MULTIPLIED BY 1.7. THE NET DECREASE FROM THE CURRENT LICENSED BEDS WILL GIVE THE NUMBER TO BE ADDED TO THE BED NEED.

(D) THE ADJUSTED BED NEED FOR THE PLANNING AREA IS THE SUM OF THE RESULTS OF

271 | SUBSECTIONS (B), AND (C).

272
273 **Section 4. Bed Need for Inpatient Psychiatric Beds**

274
275 Sec. 4. (1) For purposes of these standards, until otherwise changed by the Commission, the bed
276 need numbers determined pursuant to Section 3, incorporated as part of these standards as Appendices
277 A and B, as applicable, shall apply to projects subject to review under these standards, except where a
278 specific CON review standard states otherwise.

279
280 (2) The Commission may direct the Department to apply the bed need methodologies in Section 3.

281
282 (3) The Commission shall designate the planning year, and, for child/adolescent beds, the base
283 year, which shall be utilized in applying the bed need methodologies pursuant to subsection (2).

284
285 (4) When directed by the Commission to apply the methodologies pursuant to subsection (2), the
286 effective date of the bed need numbers shall be established by the Commission.

287
288 (5) New bed need numbers established by subsections (2) and (3) shall supercede the bed need
289 numbers shown in Appendices A and B and shall be included as amended appendices to these
290 standards.

291
292 (6) Modifications made by the Commission pursuant to this section shall not require standard
293 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
294 Governor in order to become effective.

295
296 **Section 5. Modification of the child/adolescent use rate by changing the base year**

297
298 Sec. 5. (1) The Commission may modify the base year based on data obtained from the Department
299 and presented to the Commission. The Department shall calculate the use rate for the population age 0-
300 17 and biennially present the revised use rate based on the most recent base year information available
301 biennially to the CON Commission.

302
303 (2) The Commission shall establish the effective date of the modifications made pursuant to
304 subsection (1).

305
306 (3) Modifications made by the Commission pursuant to subsection (1) shall not require standard
307 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
308 Governor in order to become effective.

309
310 **Section 6. Requirements for approval for ~~all applicants~~ INITIATION OF SERVICE**

311
312 Sec. 6. ~~(1)(a)~~ An applicant proposing ~~either: THE INITIATION OF AN ADULT OR~~
313 CHILD/ADOLESCENT PSYCHIATRIC SERVICES SHALL DEMONSTRATE OR PROVIDE THE
314 FOLLOWING:

315
316 (1) A WRITTEN RECOMMENDATION, FROM THE CMH THAT SERVES THE COUNTY IN WHICH
317 THE PROPOSED BEDS OR SERVICE WILL BE LOCATED, OR THE DEPARTMENT, WHICH SHALL
318 INCLUDE A LETTER OF AGREEMENT TO ENTER INTO A CONTRACT WITH THE CMH OR ITS
319 DESIGNEE, TO MEET THE NEEDS OF THE PUBLIC PATIENT. AT A MINIMUM, THE LETTER OF
320 AGREEMENT SHALL SPECIFY THE NUMBER OF BEDS TO BE ALLOCATED TO THE PUBLIC
321 PATIENT AND THE APPLICANT'S INTENTION TO SERVE PATIENTS WITH AN INVOLUNTARY
322 COMMITMENT STATUS.

323
324 (2) THE NUMBER OF BEDS PROPOSED IN THE CON APPLICATION TO BE ALLOCATED FOR

USE BY PUBLIC PATIENTS SHALL NOT BE LESS THAN 50 PERCENT (50%) OF THE BEDS PROPOSED IN THE CON APPLICATION. APPLICATIONS PROPOSED IN DIRECT RESPONSE TO A DEPARTMENT PLAN PURSUANT TO SUBSECTION (4) SHALL ALLOCATE NOT LESS THAN 80 PERCENT (80%) OF THE BEDS PROPOSED IN THE CON APPLICATION.

(3) THE NUMBER OF BEDS PROPOSED IN THE CON APPLICATION CAN NOT RESULT IN THE NUMBER OF EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC BEDS, AS APPLICABLE, IN THE PLANNING AREA EXCEEDING THE BED NEED SET FORTH IN APPENDIX A OR B, AS APPLICABLE. HOWEVER, AN APPLICANT MAY REQUEST AND BE APPROVED FOR UP TO A MAXIMUM OF 10 BEDS IF, WHEN THE TOTAL NUMBER OF EXISTING ADULT BEDS OR EXISTING CHILD/ADOLESCENT BEDS IS SUBTRACTED FROM THE BED NEED FOR THE PLANNING AREA SET FORTH IN APPENDIX A OR B, THE DIFFERENCE IS EQUAL TO OR MORE THAN 1 OR LESS THAN 10.

(4) AN APPLICANT SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH SUBSECTION (3) IF THE APPLICANT DEMONSTRATES THAT THE APPLICATION MEETS BOTH OF THE FOLLOWING:

(A) THE DIRECTOR OF THE DEPARTMENT DETERMINES THAT AN EXCEPTION TO SUBSECTION (3) SHOULD BE MADE AND CERTIFIES IN WRITING THAT THE PROPOSED PROJECT IS A DIRECT RESPONSE TO A DEPARTMENT PLAN FOR REDUCING THE USE OF PUBLIC INSTITUTIONS FOR ACUTE MENTAL HEALTH CARE THROUGH THE CLOSURE OF A STATE-OWNED PSYCHIATRIC HOSPITAL; AND

(B) THE PROPOSED BEDS WILL BE LOCATED IN THE AREA CURRENTLY SERVED BY THE PUBLIC INSTITUTION THAT WILL BE CLOSED, AS DETERMINED BY THE DEPARTMENT.

(5) THE MINIMUM NUMBER OF BEDS IN A PSYCHIATRIC UNIT SHALL BE AT LEAST 10 BEDS. IF A PSYCHIATRIC UNIT HAS OR PROPOSES TO OPERATE BOTH ADULT AND CHILD/ADOLESCENT BEDS, EACH UNIT SHALL HAVE A MINIMUM OF 10 BEDS. THE DEPARTMENT MAY APPROVE AN APPLICATION FOR A UNIT OF LESS THAN 10 BEDS, IF THE APPLICANT DEMONSTRATES TO THE SATISFACTION OF THE DEPARTMENT, THAT TRAVEL TIME TO EXISTING UNITS WOULD SIGNIFICANTLY LIMIT ACCESS TO CARE.

~~— (i) an increase in the number of licensed psychiatric beds;~~
~~— (ii) the initiation or expansion of a child/adolescent specialized psychiatric program; or~~
~~— (iii) the replacement of licensed psychiatric beds, shall demonstrate that the Department, pursuant to Section 134 of the Mental Health Code being Section 330.1134 of the Michigan Compiled Laws, recommends approval of the proposed project.~~

~~— (b) The Department's recommendation shall be in writing and based on all of the following, as applicable:~~

~~— (i) the applicant's compliance with all applicable CON review standards;~~
~~— (ii) the recommendation of the local CON review agency, if any, if the recommendation is received in accordance with the time lines set forth in the CON administrative rules; and~~
~~— (iii) the written recommendation from the CMH(s) that serves the planning area in which the proposed beds or services will be located, or a majority of the boards if more than one CMH serves the planning area in which the proposed beds or services will be located. If the applicant is a CMH, the Department's recommendation shall not be based on that CMH's recommendation.~~

~~— (2) An applicant proposing either an increase in the number of licensed psychiatric beds or the initiation or expansion of a specialized psychiatric program for children/adolescents shall demonstrate each of the following:~~

~~— (a) The number of beds proposed in the CON application to be allocated for use by public patients shall not be less than 50 percent (50%) of the beds proposed in the CON application. Applications proposed in direct response to a Department plan pursuant to subsection (e) or (g) shall allocate not less than 80 percent (80%) of the beds proposed in the CON application.~~

379 ~~—(b) Previously made commitments, if any, to the Department or CMH(s) to serve public patients have~~
380 ~~been fulfilled.~~

381 ~~—(c) The applicant has, at the time the application is deemed submitted, a signed letter of agreement,~~
382 ~~with the Department or the CMH(s) serving the planning area in which the proposed beds or services will~~
383 ~~be located, to enter into a contract with the CMH(s) or the Department to meet the needs of the public~~
384 ~~patient when the proposed beds or services become operational. At a minimum, the letter of agreement~~
385 ~~shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve~~
386 ~~patients with an involuntary commitment status.~~

387 ~~—(d) In the case of an applicant that is proposing an increase in the number of licensed psychiatric~~
388 ~~beds at an existing facility, the average occupancy rate for all existing beds, as applicable, in all~~
389 ~~psychiatric hospitals or units in the planning area in which the proposed beds or services will be located,~~
390 ~~was at least 85 percent (85%) for adult beds and 75% for child/adolescent beds, for the 12 month period~~
391 ~~immediately preceding the date the application was deemed submitted based on the Department's data.~~

392 ~~—(e) Subsection (d) shall not apply if the Director of the Department has certified in writing that the~~
393 ~~proposed project is a direct response to a Department plan for reducing the use of public institutions for~~
394 ~~acute mental health care through the closure of a state-owned psychiatric hospital.~~

395 ~~—(f) If approved, the number of beds proposed in the CON application will not result in the number of~~
396 ~~existing adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the~~
397 ~~needed bed supply set forth in Appendix A or B, as applicable. However, an applicant may request and~~
398 ~~be approved for up to a maximum of 20 beds if, when the total number of "existing adult beds" or existing~~
399 ~~child/adolescent beds" is subtracted from the bed need for the planning area set forth in Appendix B, the~~
400 ~~difference is equal to or more than 1 or less than 20.~~

401 ~~—(g) An applicant shall not be required to be in compliance with subsection (f) if the applicant~~
402 ~~demonstrates that the application meets both of the following:~~

403 ~~—(i) the Director of the Department determines that an exception to subsection (f) should be made~~
404 ~~and certifies in writing the proposed project is a direct response to a Department plan for reducing the use~~
405 ~~of public institutions for acute mental health care through the closure of a state-owned psychiatric~~
406 ~~hospital; and~~

407 ~~—(ii) the proposed beds will be located in the area currently served by the public institution that will be~~
408 ~~closed, as determined by the Department.~~

409
410 ~~—(3) The minimum number of beds in a psychiatric unit in a general hospital shall be at least 20 beds.~~
411 ~~If a psychiatric unit has or proposes to operate both adult and child/adolescent beds, then each unit shall~~
412 ~~have a minimum of 20 beds. The Department may approve an application for a unit of less than 20 beds,~~
413 ~~if the applicant demonstrates, to the satisfaction of the Department, that travel time to existing units would~~
414 ~~significantly impair access to care.~~

415
416 ~~—(4) An applicant shall provide verification of Medicaid participation at the time the application is~~
417 ~~submitted to the Department. An applicant that is a new provider not currently enrolled in Medicaid shall~~
418 ~~provide a signed affidavit stating that proof of Medicaid participation will be provided to the Department~~
419 ~~within six (6) months from the offering of services if a CON is approved. If the required documentation is~~
420 ~~not submitted with the application on the designated application date, the application will be deemed filed~~
421 ~~on the first applicable designated application date after all required documentation is received by the~~
422 ~~Department.~~

423 424 **Section 7. Requirements for approval for applicants requesting a specialized psychiatric program** 425 **for children/adolescents**

426
427 ~~—Sec. 7. An applicant proposing to use inpatient psychiatric beds (including new, additional,~~
428 ~~replacement or converted beds) for a specialized psychiatric program for children/adolescents shall~~
429 ~~demonstrate that it meets all of the following:~~

430 ~~—(a) The proposed project meets the requirements of Section 6 of these standards, as applicable.~~

431 ~~—(b) The proposed specialized psychiatric program for children/adolescents shall be physically distinct~~
432 ~~from other inpatient units and shall provide a minimum of 40 gross square feet per child/adolescent bed.~~

~~—(c) The proposed specialized psychiatric program for children/adolescents shall provide a dedicated group therapy area consisting of either:~~
~~—(i) a room of at least 225 gross square feet; or~~
~~—(ii) a minimum of 8 gross square feet per child/adolescent bed.~~
~~—(d) The proposed specialized psychiatric program for children/adolescents shall comply with Rules 330.1239 and 330.1243 of the Department of Mental Health administrative rules.~~
~~—(e) The proposed specialized psychiatric program for children/adolescents shall provide the following dedicated educational/classroom space:~~
~~—(i) a room of at least 325 gross square feet, or the minimum square footage per licensed child/adolescent bed as required per student by the home school district's standards for special education classrooms, whichever is less; and~~
~~—(ii) one dedicated educational/vocational training area for every 16 licensed child/adolescent beds.~~

SECTION 7. REQUIREMENT FOR APPROVAL TO INCREASE BEDS

SEC. 7 AN APPLICANT PROPOSING AN INCREASE IN THE NUMBER OF ADULT OR CHILD/ADOLESCENT BEDS SHALL DEMONSTRATE OR PROVIDE THE FOLLOWING:

(1) THE NUMBER OF BEDS PROPOSED IN THE CON APPLICATION WILL NOT RESULT IN THE NUMBER OF EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC BEDS, AS APPLICABLE, IN THE PLANNING AREA EXCEEDING THE BED NEED SET FORTH IN APPENDIX A OR B, AS APPLICABLE WITH THE FOLLOWING EXCEPTIONS:

(I) AN APPLICANT MAY REQUEST AND BE APPROVED FOR UP TO A MAXIMUM OF 10 BEDS IF, WHEN THE TOTAL NUMBER OF EXISTING ADULT BEDS OR EXISTING CHILD/ADOLESCENT BEDS IS SUBTRACTED FROM THE BED NEED FOR THE PLANNING AREA SET FORTH IN APPENDIX A OR B, THE DIFFERENCE IS EQUAL TO OR MORE THAN 1 OR LESS THAN 10.

(II) AN APPLICANT MAY REQUEST AND BE APPROVED FOR ADDITIONAL BEDS IF THE APPLICANT'S AVERAGE OCCUPANCY RATE IS 80% OR HIGHER FOR THE PREVIOUS CONSECUTIVE 24 MONTHS. THE APPLICANT MAY REQUEST UP TO THE NUMBER OF BEDS UTILIZING THE FOLLOWING FORMULA: THE AVERAGE DAILY CENSUS MULTIPLIED BY 1.5 FOR ADULT BEDS AND 1.7 FOR CHILD/ADOLESCENT BEDS.

(2) THE AVERAGE OCCUPANCY RATE FOR THE APPLICANT'S FACILITY WHERE THE PROPOSED BEDS WILL BE LOCATED, WAS AT LEAST 70 PERCENT (70%) FOR ADULT AND CHILD/ADOLESCENT BEDS, AS APPLICABLE, FOR THE 12-MONTH PERIOD IMMEDIATELY PRECEDING THE DATE THE APPLICATION WAS DEEMED SUBMITTED BASED ON THE DEPARTMENT'S DATA.

(3) PROOF OF CURRENT CONTRACT WITH THE CMH OR ITS DESIGNEE THAT SERVES THE COUNTY IN WHICH THE PROPOSED BEDS OR SERVICE WILL BE LOCATED.

(4) PREVIOUSLY MADE COMMITMENTS, IF ANY, TO THE DEPARTMENT OR CMH TO SERVE PUBLIC PATIENTS HAVE BEEN FULFILLED.

(5) THE NUMBER OF BEDS PROPOSED IN THE CON APPLICATION TO BE ALLOCATED FOR USE BY PUBLIC PATIENTS SHALL NOT BE LESS THAN 50 PERCENT (50%) OF THE BEDS PROPOSED IN THE CON APPLICATION. APPLICATIONS PROPOSED IN DIRECT RESPONSE TO A DEPARTMENT PLAN PURSUANT TO SUBSECTION (6) SHALL ALLOCATE NOT LESS THAN 80 PERCENT (80%) OF THE BEDS PROPOSED IN THE CON APPLICATION.

(6) SUBSECTION (1)(B)(II) SHALL NOT APPLY IF THE DIRECTOR OF THE DEPARTMENT HAS CERTIFIED IN WRITING THAT THE PROPOSED PROJECT IS A DIRECT RESPONSE TO A DEPARTMENT PLAN FOR REDUCING THE USE OF PUBLIC INSTITUTIONS FOR ACUTE MENTAL HEALTH CARE THROUGH THE CLOSURE OF A STATE-OWNED PSYCHIATRIC HOSPITAL.

(7) AN APPLICANT SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH SUBSECTION 1(B) IF THE APPLICANT DEMONSTRATES THAT THE APPLICATION MEETS BOTH OF THE FOLLOWING:

(A) THE DIRECTOR OF THE DEPARTMENT DETERMINES THAT AN EXCEPTION TO SUBSECTION 1(B)(II) SHOULD BE MADE AND CERTIFIES IN WRITING THAT THE PROPOSED PROJECT IS A DIRECT RESPONSE TO A DEPARTMENT PLAN FOR REDUCING THE USE OF PUBLIC INSTITUTIONS FOR ACUTE MENTAL HEALTH CARE THROUGH THE CLOSURE OF A STATE-OWNED PSYCHIATRIC HOSPITAL; AND

(B) THE PROPOSED BEDS WILL BE LOCATED IN THE AREA CURRENTLY SERVED BY THE PUBLIC INSTITUTION THAT WILL BE CLOSED AS DETERMINED BY THE DEPARTMENT.

(8) THE MINIMUM NUMBER OF BEDS IN A PSYCHIATRIC UNIT SHALL BE AT LEAST 10 BEDS. IF A PSYCHIATRIC UNIT HAS OR PROPOSES TO OPERATE BOTH ADULT AND CHILD/ADOLESCENT BEDS, THEN EACH UNIT SHALL HAVE A MINIMUM OF 10 BEDS. THE DEPARTMENT MAY APPROVE AN APPLICATION FOR A UNIT OF LESS THAN 10 BEDS, IF THE APPLICANT DEMONSTRATES, TO THE SATISFACTION OF THE DEPARTMENT, THAT TRAVEL TIME TO EXISTING UNITS WOULD SIGNIFICANTLY IMPAIR ACCESS TO CARE.

Section 8. Requirements for approval -- FOR replacement beds

Sec. 8. An applicant proposing replacement beds shall not be required to be in compliance with the needed bed supply set forth in Appendix A or B, as applicable, if the applicant demonstrates all of the following:

(a1) The project proposes to replace an equal or lesser number of beds currently licensed to the applicant at the licensed site at which the proposed replacement beds are currently located.

(b2) The proposed licensed site is in the replacement zone.

(c3) The applicant meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.

(d4) Not less than 50 percent (50%) of the beds proposed to be replaced shall be allocated for use by public patients.

(e5) Previously made commitments, if any, to the Department or CMH(s) to serve public patients have been fulfilled.

~~(f6) The applicant has, at the time the application is deemed submitted, a signed letter of agreement, with the Department or the CMH(s) that serve the planning area in which the beds are located, to enter into a contract with the CMH(s) or the Department to meet the needs of the public patient when the proposed replacement beds are licensed for use. At a minimum, the letter of agreement shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve patients with an involuntary commitment status. PROOF OF A CURRENT CONTRACT WITH THE CMH OR ITS DESIGNEE THAT SERVES THE COUNTY IN WHICH THE PROPOSED BEDS OR SERVICE WILL BE LOCATED.~~

Section 9. Requirements for approval -- FOR acquisition of a psychiatric hospital or unit

Sec. 9. An applicant proposing to acquire a psychiatric hospital or unit shall not be required to be in compliance with the needed bed supply set forth in Appendix A or B, as applicable, for the planning area in which the psychiatric hospital or unit subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are met:

(a1) The acquisition will not result in a change in the number of licensed beds or beds designated for a child/adolescent specialized psychiatric program.

(b2) The licensed site does not change as a result of the acquisition.

~~(c) The project is limited solely to the acquisition of a psychiatric hospital or unit.~~

Section 10. Additional requirements for applications included in comparative review

Sec. 10. (1) Any application subject to comparative review under Section 22229 of the Code being Section 333.22229 of the Michigan Compiled Laws or these standards shall be grouped and reviewed with other applications in accordance with the CON rules applicable to comparative review.

(2) Each application in a comparative group shall be individually reviewed to determine whether the application has satisfied all the requirements of Section 22225 of the Code being Section 333.22225 of the Michigan Compiled Laws and all other applicable requirements for approval in the Code and these standards. If the Department determines that two or more competing applications satisfy all of the requirements for approval, these projects shall be considered qualifying projects. The Department shall approve those qualifying projects which, when taken together, do not exceed the need, as defined in Section 22225(1) of the Code, ~~being Section 333.22225(1) of the Michigan Compiled Laws,~~ and which have the highest number of points when the results of subsection (3) are totaled. If two or more qualifying projects are determined to have an identical number of points, then the Department shall approve those qualifying projects which, when taken together, do not exceed the need, ~~as defined in Section 22225(1),~~ in the order in which the applications were received by the Department, based on the date and time stamp placed on the application ~~S for CON form (form T-150-G-1.01 or any subsequent replacement form) by the Division of Health Facility Development (or the administrative unit of the Department responsible for administering the CON program) when the application is filed IN ACCORDANCE WITH RULE 325.9123.~~

(3)(a) A qualifying project application will be awarded 5 points if, within six months of beginning operation and annually thereafter, 100% of the licensed psychiatric beds (both existing and proposed) at the facility will be Medicaid certified.

(b) A qualifying project will have 4 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant was required to enter into a contract with either the Department or a CMH to serve the public patient and did not do so.

(c) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that the applicant entered into a contract with MDCH or CMH but never admitted any public patients referred pursuant to that contract.

(d) A qualifying project will have 5 points deducted if, on or after November 26, 1995, the records maintained by the Department document that an applicant agreed to serve patients with an involuntary commitment status but has not admitted any patients referred with an involuntary commitment status.

(e) A qualifying project will be awarded 3 points if the applicant agrees to enter into a unified agreement within 6 months of beginning operation of the beds ~~or specialized psychiatric program.~~ A unified agreement is defined as an agreement among at least the following entities: the Michigan Department of Human Services, the home school district(s), the juvenile division of the probate court and the CMH(s) serving the planning area in which the proposed beds will be located, or a majority of the boards, if more than one CMH serves the planning area in which the proposed beds will be located.

(f) A qualifying project will be awarded 3 points if the applicant presents, in its application, a plan, acceptable to the Department, for the treatment of patients requiring long-term treatment. For purposes of this subsection, long-term treatment is defined to mean an inpatient length of stay in excess of 45 days.

(g) A qualifying project will be awarded 3 points if the applicant CURRENTLY PROVIDES A PARTIAL HOSPITALIZATION PSYCHIATRIC PROGRAM, OUTPATIENT PSYCHIATRIC SERVICES, OR PSYCHIATRIC AFTERCARE SERVICES, OR THE APPLICANT INCLUDES ANY OF THESE

~~SERVICES AS PART OF THEIR PROPOSED PROJECT, AS DEMONSTRATED BY SITE PLANS AND SERVICE CONTRACTS. agrees that within 6 months of beginning operation of the proposed beds or specialized psychiatric program, the applicant shall offer, either directly or through written agreement with another provider(s), a comprehensive array of services. For purposes of this subsection, a comprehensive array of services is defined to include but not be limited to: a partial hospitalization psychiatric program, outpatient services, and aftercare services.~~

(h) A qualifying project will have 4 points deducted if the Department has issued, within three years prior to the date on which the CON application was deemed submitted, a temporary permit or provisional license due to a pattern of licensure deficiencies at any psychiatric hospital or unit owned or operated by the applicant in this state.

(i) A qualifying project will have points awarded based on the percentage of the hospital's indigent volume as set forth in the following table.

<u>Hospital Indigent Volume</u>	<u>Points Awarded</u>
0 - <6%	1
6 - <11%	2
11 - <16%	3
16 - <21%	4
21 - <26%	5
26 - <31%	6
31 - <36%	7
36 - <41%	8
41 - <46%	9
46% +	10

For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its total charges expressed as a percentage as determined by the Department pursuant to Chapter VIII of the Medical Assistance Program manual. The indigent volume data being used for rates in effect at the time the application is deemed submitted will be used by the Department in determining the number of points awarded to each qualifying project.

(j) A qualifying project will have points deducted based on the applicant's record of compliance with applicable safety and operating standards for any psychiatric hospital or unit owned and/or operated by the applicant in this state. Points shall be deducted in accordance with the following schedule if, on or after November 26, 1995, the Department records document any non-renewal or revocation of license for cause or non-renewal or termination of certification for cause of any psychiatric hospital or unit owned or operated by the applicant in this state.

<u>Psychiatric Hospital/Unit Compliance Action</u>	<u>Points Deducted</u>
Non-renewal or revocation of license	4
Non-renewal or termination of:	
Certification - Medicare	4
Certification - Medicaid	4

(4) ~~No~~ THE MINIMUM NUMBER OF points will be awarded to an applicant under THE individual subsections of THIS Section ~~40~~ FOR IF-CONFLICTING information presented in THIS Section ~~40~~ AND is inconsistent with related information provided in other sections of the CON application.

SECTION 11. REQUIREMENTS FOR APPROVAL FOR ALL APPLICANTS

SEC. 11 AN APPLICANT SHALL PROVIDE VERIFICATION OF MEDICAID PARTICIPATION. AN APPLICANT THAT IS A NEW PROVIDER NOT CURRENTLY ENROLLED IN MEDICAID SHALL CERTIFY THAT PROOF OF MEDICAID PARTICIPATION WILL BE PROVIDED TO THE DEPARTMENT WITHIN SIX (6) MONTHS FROM THE OFFERING OF SERVICES IF A CON IS APPROVED.

Section 4412. Project delivery requirements - terms of approval for all applicants

Sec. 4412. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

(a) Compliance with these standards.
(b) Compliance with applicable operating standards in the Mental Health Code or the administrative rules promulgated thereunder.

(c) Compliance with the following applicable quality assurance standards:

(i) The average occupancy rate for all licensed beds at the psychiatric hospital or unit shall be at least ~~85-70~~ percent (%) for adult ~~beds~~ and ~~75 percent (%) for~~ child/adolescent beds for the second 12 months of operation, and annually thereafter. AFTER THE SECOND 12 MONTHS OF OPERATION, IF THE AVERAGE OCCUPANCY RATE FOR THE 24 MONTHS IS BELOW 60 PERCENT (%), THE LICENSED BEDS OF THE PSYCHIATRIC HOSPITAL OR UNIT SHALL BE REDUCED TO THE AVERAGE DAILY CENSUS MULTIPLIED BY 1.5 FOR ADULT BEDS AND BY 1.7 FOR CHILD/ADOLSCENT BEDS. IF THE REDUCTION RESULTS IN LESS THAN 10 BEDS, 10 BEDS SHALL REMAIN LICENSED.

(ii) The proposed licensed psychiatric beds shall be operated in a manner that is appropriate for a population with the ethnic, socioeconomic, and demographic characteristics including the developmental stage of the population to be served.

(iii) The applicant shall establish procedures to care for patients who are disruptive, combative, or suicidal and for those awaiting commitment hearings, and the applicant shall establish a procedure for obtaining physician certification necessary to seek an order for involuntary treatment for those persons that, in the judgment of the professional staff, meet the Mental Health Code criteria for involuntary treatment.

(iv) The applicant shall develop a standard procedure for determining, at the time the patient first presents himself or herself for admission or within 24 hours after admission, whether an alternative to inpatient psychiatric treatment is appropriate.

(v) The inpatient psychiatric hospital or unit shall provide clinical, administrative, and support services that will be at a level sufficient to accommodate patient needs and volume, and will be provided seven days a week to assure continuity of services and the capacity to deal with emergency admissions.

(vi) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include, but is not limited to: annual budget and cost information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data on a separate basis for each licensed site; in a format established by the Department; and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(vii) The applicant shall provide the Department with a notice stating the date the beds or services are placed in operation and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.

(viii) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

(A) not deny acute inpatient mental health services to any individual based on ability to pay, source of payment, age, race, handicap, national origin, religion, gender, sexual orientation or commitment status;

(B) provide acute inpatient mental health services to any individual based on clinical indications of need for the services;

(C) maintain information by payor and non-paying sources to indicate the volume of care from each source provided annually.

Compliance with selective contracting requirements shall not be construed as a violation of this term.

(ix) An applicant required to enter into a contract with a CMH(s) or the Department pursuant to these standards shall have in place, at the time the approved beds or services become operational, a signed contract to serve the public patient. The contract must address a single entry and exit system including discharge planning for each public patient. The contract shall specify that at least 50% or 80% of the approved beds, as required by the applicable sections of these standards, shall be allocated to the public patient, and shall specify the hospital's or unit's willingness to admit patients with an involuntary commitment status. The contract need not be funded.

(x) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(2) Compliance with THIS Section 44 shall be determined by the Department based on a report submitted by the applicant and/or other information available to the Department.

(3) The agreements and assurances required by THIS Section 44 shall be in the form of a certification AGREED TO BY THE ~~authorized by the governing body of the~~ applicant or its authorized agent.

Section 4213. Project delivery requirements - additional terms of approval for child/adolescent specialized psychiatric programs SERVICE

Sec. 4213. (1) In addition to the provisions of Section 4412, an applicant for a child/adolescent ~~SERVICE specialized psychiatric program~~ shall agree to operate the program in compliance with the following terms of CON approval, as applicable:

(a) There shall be at least the following child and adolescent mental health professionals employed, either directly or by contract, by the hospital or unit, each of whom must have been involved in the delivery of child/adolescent mental health services for at least 2 years within the most recent 5 years:

- (i) a child/adolescent psychiatrist;
- (ii) a child psychologist;
- (iii) a psychiatric nurse;
- (iv) a psychiatric social worker;
- (v) an occupational therapist or recreational therapist; and
- ~~(vi) a special education teacher (certified with emotionally impaired).~~

(b) There shall be a recipient rights officer employed by the hospital or the program.

(c) The applicant shall identify a staff member(s) whose assigned responsibilities include discharge planning and liaison activities with the home school district(s).

(d) There shall be the following minimum staff employed either on a full time basis or on a consulting basis:

- (i) a pediatrician;
- (ii) a child neurologist;
- (iii) a neuropsychologist;
- (iv) a speech and language therapist;
- (v) an audiologist; and
- (vi) a dietician.

(e) A child/adolescent ~~specialized psychiatric program~~ SERVICE shall have the capability to determine that each inpatient admission is the appropriate treatment alternative consistent with Section 498e of the Mental Health Code, being Section 330.1498e of the Michigan Compiled Laws.

(f) The child/adolescent ~~specialized psychiatric program~~ SERVICE shall develop and maintain a coordinated relationship with the home school district of any patient to ensure that all public education requirements are met.

(g) The applicant shall demonstrate that the child/adolescent ~~specialized psychiatric program~~ SERVICE is integrated within the continuum of mental health services available in its planning area by establishing a formal agreement with the CMH(s) serving the planning area in which the child/adolescent specialized psychiatric program is located. The agreement shall address admission and discharge

757 planning issues which include, at a minimum, specific procedures for referrals for appropriate community
758 services and for the exchange of information with the CMH(s), the probate court(s), the home school
759 district, the Michigan Department of Human Services, the parent(s) or legal guardian(s) and/or the
760 patient's attending physician.

761
762 (2) Compliance with THIS Section ~~12~~ shall be determined by the Department based on a report
763 submitted by the program and/or other information available to the Department.

764
765 (3) The agreements and assurances required by THIS Section ~~12~~ shall be in the form of a
766 certification AGREED TO BY THE ~~authorized by the governing body of the~~ applicant or its authorized
767 agent.

768
769 **Section ~~13~~14. Department inventory of beds**

770
771 Sec. ~~13~~14. The Department shall maintain, and provide on request, a listing of the Department
772 Inventory of Beds for each adult and child/adolescent planning area.

773
774 **Section ~~14~~15. Planning areas**

775
776 Sec. ~~14~~15. ~~(1)~~ The planning areas for ~~child/adolescent~~ inpatient psychiatric beds are the geographic
777 boundaries of the groups of counties as follows.

778
779 **Child/Adolescent**
780 **Planning Areas**

Counties

781	1	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
782		
783	2	Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
784		
785	3	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van
786		Buren
787		
788	4	Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo,
789		Oceana, Ottawa
790		
791	5	Genesee, Lapeer, Shiawassee
792		
793	6	Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland,
794		Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola
795		
796	7	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford,
797		Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee,
798		Montmorency, Otsego, Presque Isle, Roscommon, Wexford
799		
800	8	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron,
801		Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon,
802		Schoolcraft
803		

804 ~~—(2) The planning areas for adult inpatient psychiatric beds are the geographic boundaries of the~~
805 ~~groups of counties as follows.~~

806		
807	<u>Adult Planning Areas</u>	<u>Counties</u>
808	Detroit/Wayne	Wayne
809	Livingston	Livingston
810	Macomb	Macomb

811	Monroe	Monroe
812	Oakland	Oakland
813	St. Clair	St. Clair
814	Washtenaw	Washtenaw
815		
816	Clinton-Eaton-Ingham	Clinton, Eaton, Ingham
817	Jackson-Hillsdale	Jackson, Hillsdale
818	Lenawee	Lenawee
819		
820	Barry	Barry
821	Berrien	Berrien
822	Branch	Branch
823	Calhoun	Calhoun
824	Cass	Cass
825	Kalamazoo	Kalamazoo
826	St. Joseph	St. Joseph
827	Van Buren	Van Buren
828	<u>Adult Planning Areas</u>	<u>Counties</u>
829	Allegan	Allegan
830	Ionia	Ionia
831	West Michigan - Kent	Kent
832	West Michigan	Lake, Mason, Oceana
833	Montcalm	Montcalm
834	Muskegon	Muskegon
835	Newaygo	Newaygo
836	Ottawa	Ottawa
837		
838	Genesee	Genesee
839	Lapeer	Lapeer
840	Shiawassee	Shiawassee
841		
842	AuSable Valley	Iosco, Ogemaw, Oscoda
843	Bay-Arenac	Arenac, Bay
844	Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola
845	Gratiot	Gratiot
846	Huron	Huron
847	Saginaw	Saginaw
848	Sanilac	Sanilac
849	Tuscola	Tuscola
850		
851	North Country	Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego
852	Northern Lakes	Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon,
853		Wexford
854	Manistee-Benzie	Benzie, Manistee
855	Northeast Michigan	Alcona, Alpena, Montmorency, Presque Isle
856		
857	Pathways	Alger, Delta, Luce, Marquette
858	Copper Country	Baraga, Houghton, Keweenaw, Ontonagon
859	Northpointe	Dickinson, Iron, Menominee
860	Gegebic	Gegebic
861	Hiawatha	Chippewa, Mackinac, Schoolcraft

Section 1516. Effect on prior CON review standards; comparative reviews

865 | Sec. ~~1516~~. (1) These CON review standards supercede and replace the CON Review Standards for
866 | Psychiatric Beds and Services, approved by the CON Commission on ~~March 8~~ JUNE 22, 2005 and
867 | effective on ~~May 27~~ OCTOBER 17, 2005.

869 | (2) Projects involving replacement beds OR AN INCREASE IN BEDS, APPROVED PURSUANT TO
870 | SECTION 7(1)(A), ARE reviewed under these standards AND shall not be subject to comparative review.

872 | (3) ~~Projects reviewed under these standards involving either: (a) an increase in the number of~~
873 | ~~licensed psychiatric beds, or (b) an increase in the number of beds (whether new, additional, replacement~~
874 | ~~or converted) for a specialized psychiatric program for children/adolescents shall be subject to~~
875 | ~~comparative review. PROJECTS INVOLVING INITIATION OF SERVICE AND AN INCREASE IN BEDS,~~
876 | APPROVED PURSUANT TO SECTION 7(1)(B), ARE REVIEWED UNDER THESE STANDARDS AND
877 | SHALL BE SUBJECT TO COMPARATIVE REVIEW.

**CON REVIEW STANDARDS
FOR CHILD/ADOLESCENT PSYCHIATRIC BEDS**

The bed need numbers, for purposes of these standards until otherwise changed by the Commission, are as follows:

Planning Area	Bed Need
1	82
2	23
3	14
4	25
5	11
6	14
7	7
8	5
TOTAL	181

CON REVIEW STANDARDS
FOR ADULT PSYCHIATRIC BEDS

The bed need numbers, for purposes of these standards until otherwise changed by the Commission, are as follows:

Planning Area	Bed Need
Detroit-Wayne	420
Livingston	37
Macomb	179
Monroe	22
Oakland	261
St. Clair	24
Washtenaw	76
Clinton-Eaton-Ingham	100
Jackson-Hillsdale	41
Lenawee	22
Barry	13
Berrien	27
Branch	11
Calhoun	30
Cass	12
Kalamazoo	41
St. Joseph	14
Van Buren	16
Allegan	10
Ionia	14
West Michigan -- Kent	123
West Michigan (Lake, Mason, Oceana)	15
Montcalm	14
Muskegon	28
Newaygo	11
Ottawa	13
Genesee	93
Lapeer	20
Shiawassee	16

896
897

APPENDIX B - continued

Planning Area	Bed Need
Ausable Valley (Iosco, Ogemaw, Oscoda)	14
Bay-Arenac	28
Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland, Osceola)	40
Gratiot	10
Huron	8
Saginaw	28
Sanilac	10
Tuscola	13
North Country (Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego)	15
Northern Lakes (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford)	15
Manistee-Benzie	10
Northeast Michigan (Alcona, Alpena, Montmorency, Presque Isle)	16
Pathways (Alger, Delta, Luce, Marquette)	28
Copper Country (Baraga, Houghton, Keweenaw, Ontonagon)	13
Northpointe (Dickinson, Iron, Menominee)	15
Gegebie	5
Hiawatha (Chippewa, Mackinac, Schoolcraft)	14
TOTAL	1985

898
899

PLANNING AREA	BED NEED
<u>1</u>	<u>1019</u>
<u>2</u>	<u>163</u>
<u>3</u>	<u>164</u>
<u>4</u>	<u>228</u>
<u>5</u>	<u>129</u>
<u>6</u>	<u>151</u>
<u>7</u>	<u>56</u>
<u>8</u>	<u>75</u>
TOTAL	1985

900

**RATIO OF ADULT INPATIENT PSYCHIATRIC
BEDS PER 10,000 ADULT POPULATION**

Adult Planning Area	Adult Beds per 10,000 Adult Population
Detroit/Wayne	3.5229
Livingston	-0-
Macomb	3.1345
Monroe	1.8657
Oakland	4.1120
St. Clair	1.8192
Washtenaw	3.2809
Clinton-Eaton-Ingham	3.8835
Jackson-Hillsdale	2.5359
Lenawee	4.5961
Barry	-0-
Berrien	2.1298
Branch	4.5248
Calhoun	5.3946
Cass	-0-
Kalamazoo	2.1639
St. Joseph	-0-
Van Buren	2.6127
Allegan	1.1147
Ionia	-0-
West Michigan -- Kent	3.6049
West Michigan (Lake, Mason, Oceana)	2.6730
Montcalm	3.4171
Muskegon	2.1211
Nwaygo	4.4659
Ottawa	.6605
Genesee	3.3307
Lapeer	2.4962
Shiawassee	2.9550

907
908

APPENDIX C - continued

Adult Planning Area	Adult Beds per 10,000 Adult Population
Ausable Valley (Iosco, Ogemaw, Oscoda)	-0-
Bay-Arenac	2.8763
Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland, Osceola)	1.8484
Gratiot	3.6413
Huron	-0-
Saginaw	1.7369
Sanilac	-0-
Tuscola	-0-
North Country (Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego)	1.995
Northern Lakes (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford)	.9474
Manistee-Benzie	-0-
Northeast Michigan (Alcona, Alpena, Montmorency, Presque Isle)	2.7948
Pathways (Alger, Delta, Luce, Marquette)	3.8769
Copper Country (Baraga, Houghton, Keweenaw, Ontagon)	-0-
Northpointe (Dickinson, Iron, Menominee)	-0-
Gegebic	-0-
Hiawatha (Chippewa, Mackinac, Schoolcraft)	-0-
State	2.8697

909
910

<u>PLANNING AREA</u>	<u>ADULT BEDS PER 10,000 ADULT POPULATION</u>
<u>1</u>	
<u>2</u>	
<u>3</u>	
<u>4</u>	
<u>5</u>	
<u>6</u>	
<u>7</u>	
<u>8</u>	
STATE	

CON REVIEW STANDARDS
FOR CHILD/ADOLESCENT INPATIENT PSYCHIATRIC BEDS

The use rate per 1000 population age 0-17, for purposes of these standards, until otherwise changed by the Commission, is 17.85.